



OFFICE OF HEALTH EQUITY UPDATE (DRAFT)

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Deputy Director
CDPH Office of Health Equity

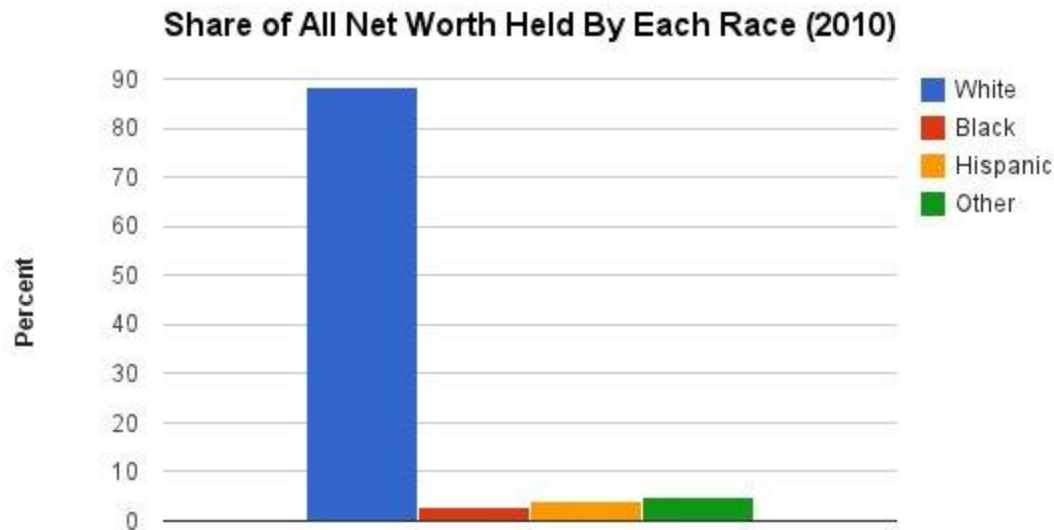
October 24, 2013

AGENDA

- Introductions & Opening
- Background
- Office of Health Equity Structure & Overview
 - Office of Health Equity Advisory Committee
 - Community Development & Engagement Unit
 - Policy Unit
 - Health Research & Statistics Unit
- Closing Remarks

64% OF THE COUNTRY'S POPULATION...88% OF ITS WEALTH

- This racial divide is costing all of us.
- According to a recent report by the Altarum Institute:
 - Closing the earnings gap would cause total U.S. earnings to rise by nearly \$1 trillion, or 12 percent.

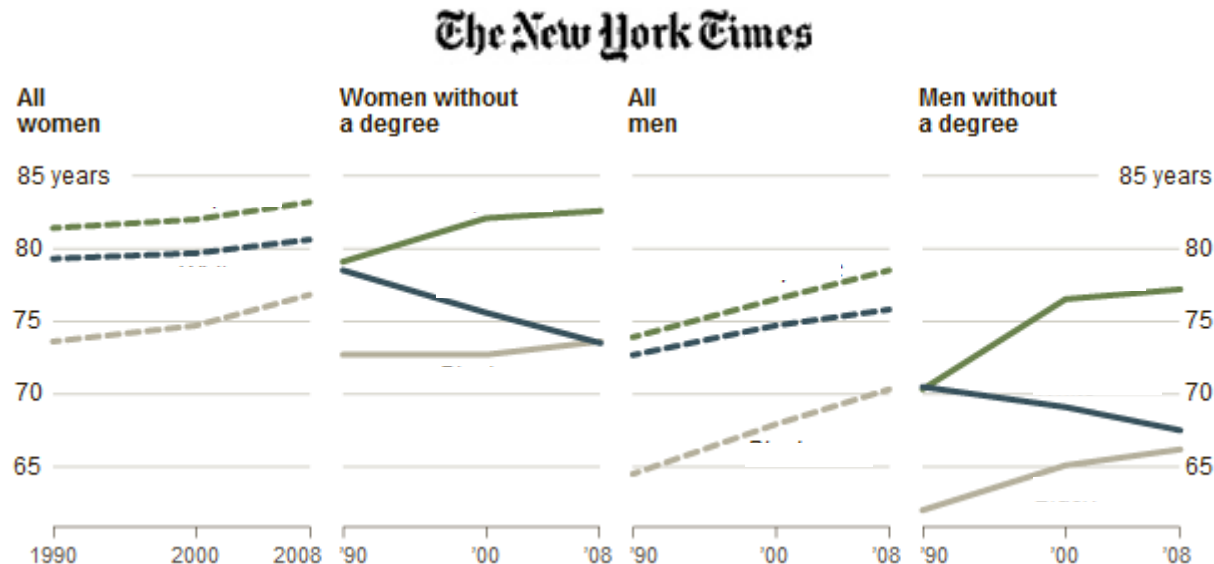


TROUBLING TREND IN LIFE EXPECTANCY

LIFE SPANS FOR SOME OF THE LEAST EDUCATED AMERICANS ARE ACTUALLY CONTRACTING

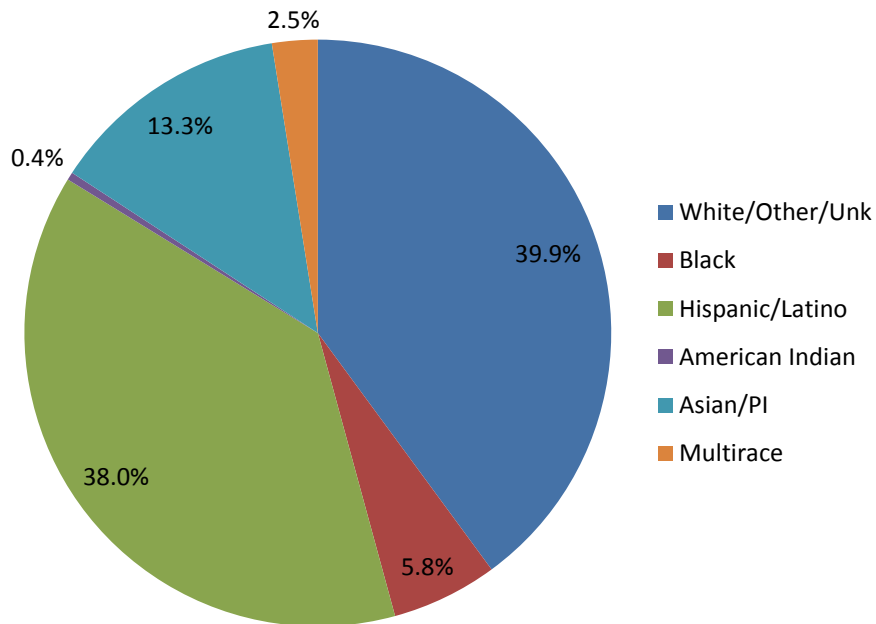
“The five-year decline for ??? rivals the catastrophic seven-year drop for Russian men in the years after the collapse of the Soviet Union,”

Michael Marmot, director of the Institute of Health Equity in London

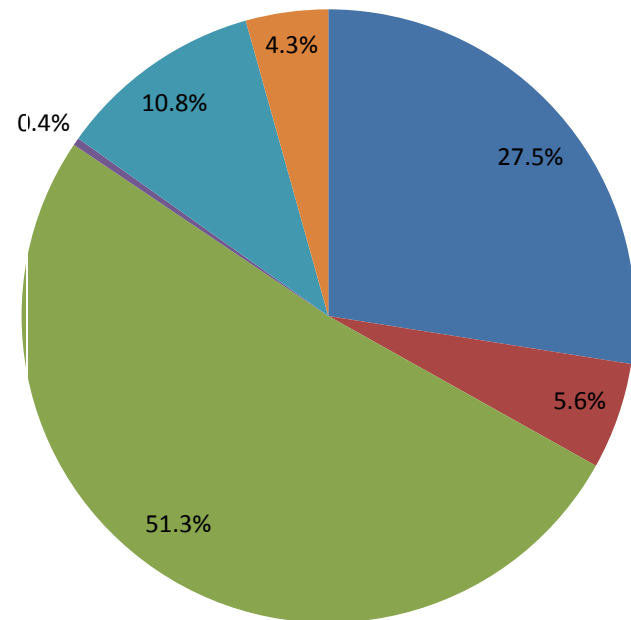


CALIFORNIA'S DEMOGRAPHIC DIVERSITY

Total CA Population – 2011



CA Population Under 18 - 2011



Source: 2010-2015: State of California, Department of Finance, Report P-3: State and County Population Projections by Race/Ethnicity, Detailed Age, and Gender, 2010-2060. Sacramento, California, January 2013.

Prepared by: California Department of Public Health, Safe and Active Communities Branch Report generated from <http://epicenter.cdph.ca.gov> on: May 27, 2013.

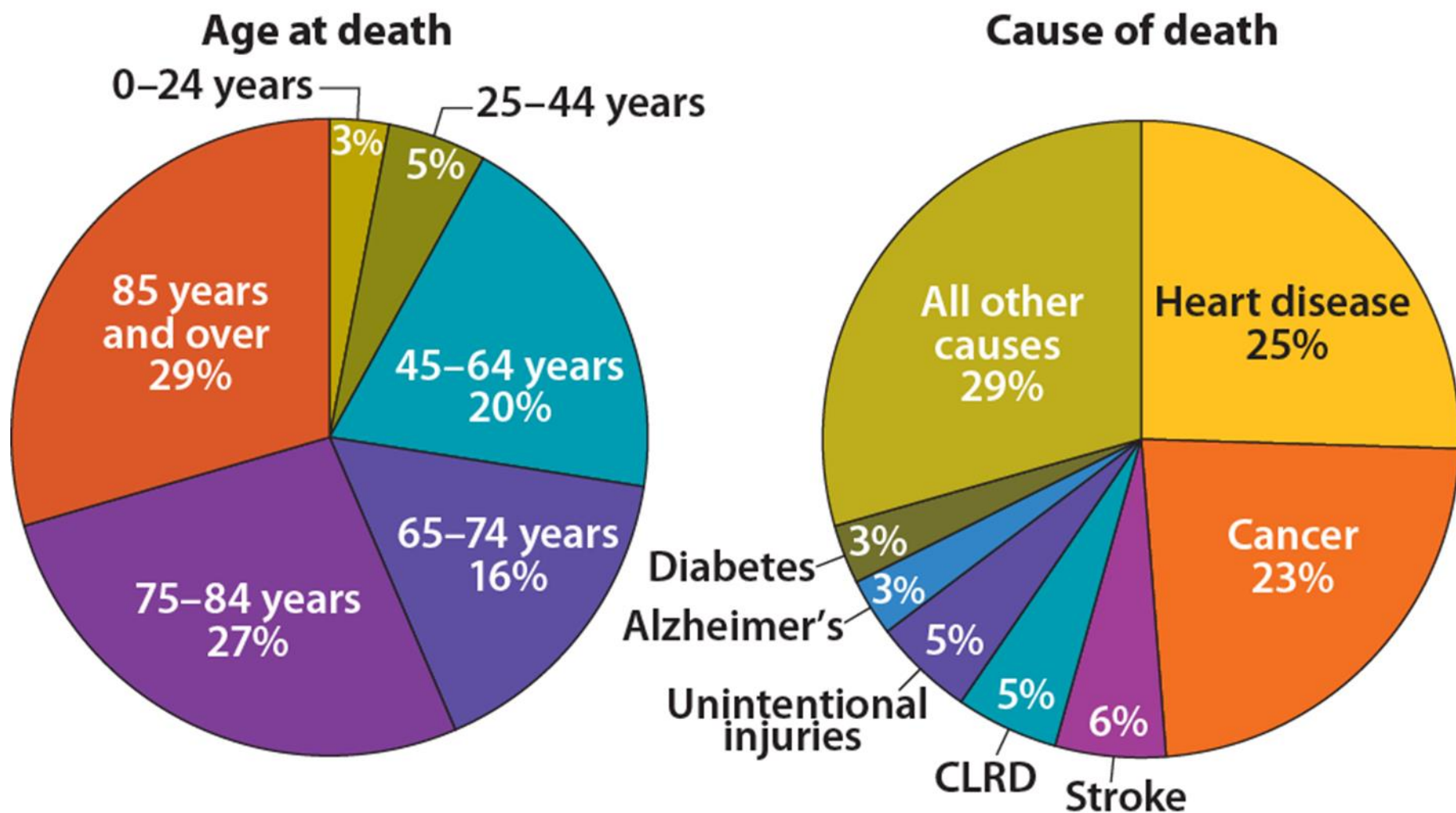


LIFE EXPECTANCY AT BIRTH IN CALIFORNIA

- A 15.3-year gap separates the CA areas with the longest life expectancy from the shortest:
 - 88.1 years – Orange (Newport Beach/Laguna Hills)
 - 72.8 years - Los Angeles (Watts)
- 11-year gap within the San Francisco metro area
 - 85 years in San Mateo (Burlingame & Milbrae) vs.
 - 74 in Oakland (Elmhurst)
- Nativity exerts strong influence on longevity.
 - Foreign-born outlive native-born by approx. 4 years



Deaths for all ages, 2007



NOTE: CLRD is chronic lower respiratory diseases.

SOURCE: CDC/NCHS, *Health, United States, 2010*, Figure 24. Data from the National Vital Statistics System.



California's Infant Mortality Rate Reaches Historic Low

Date: 5/22/2012

Number: 12-020

Contact: Anita Gore (916) 440-7259

SACRAMENTO

California's infant mortality rate has reached a record low, announced Dr. Ron Chapman, state health officer and director of the California Department of Public Health (CDPH). In 2010, the most recent year data are available, the rate was 4.7 infant deaths per 1,000 live births, down from 4.9 infant deaths per 1,000 live births in 2009. Infant mortality is defined as the number of deaths in infants under one year of age.

"Optimal infant health outcomes are influenced by a woman's health even before she becomes pregnant, including avoiding tobacco, alcohol and drugs, maintaining a healthful weight, and taking folic acid supplements," said Chapman. "Early entry into prenatal care, genetic testing to identify health risks at birth, breastfeeding, immunizations, and continuing proper nutrition through a baby's developing years all contribute to improving infant health outcomes."

African Americans in California experienced the largest decline in infant mortality, from 10.6 infant deaths per 1,000 live births in 2009 to 9.5 in 2010. While this is a significant improvement, racial/ethnic disparities in infant mortality persist. African-American infant deaths occurred 2.3 times more frequently than Caucasian infant deaths in 2010. The infant mortality rate among Caucasians remained unchanged between 2009 and 2010 (4.1 deaths per 1,000 live births) and dropped from 5.0 to 4.9 among Hispanics.

Among the factors that may have contributed to the declining infant mortality rate is the decline in the percent of births born prematurely (less than 37 weeks' gestation). The percent of births born prematurely in California declined from 10.4 percent in 2009 to 10.0 percent in 2010. Optimal health of women before pregnancy and during pregnancy is likely to contribute to fewer babies born prematurely and to better survival rates of babies overall.

California had the fourth-lowest infant mortality rate among all 50 states.

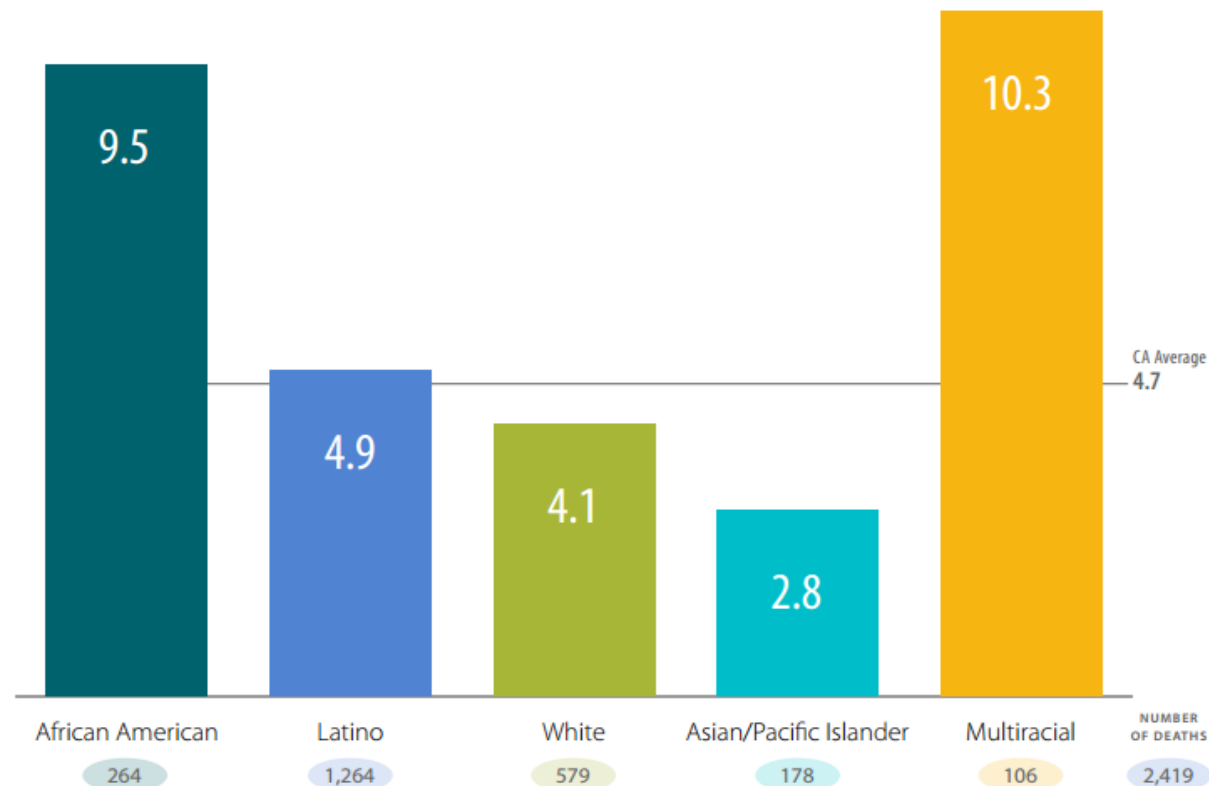


...BUT DISPARITIES PERSIST

Infant Mortality, by Race/Ethnicity

California, 2010

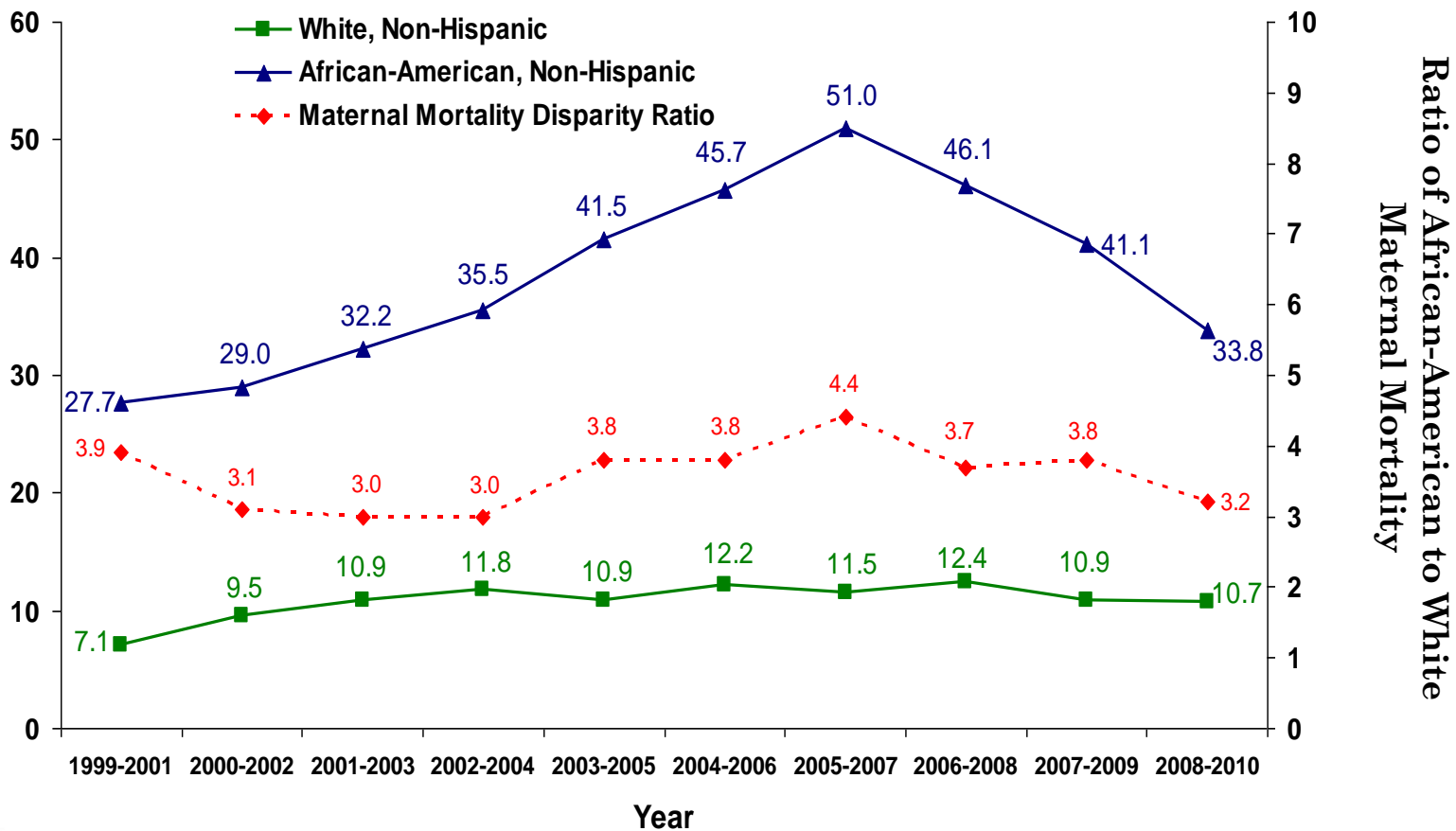
DEATHS PER 1,000 LIVE BIRTHS



Source: California department of Public Health, Maternal, Child, and adolescent Health Program, www.cdph.ca.gov.

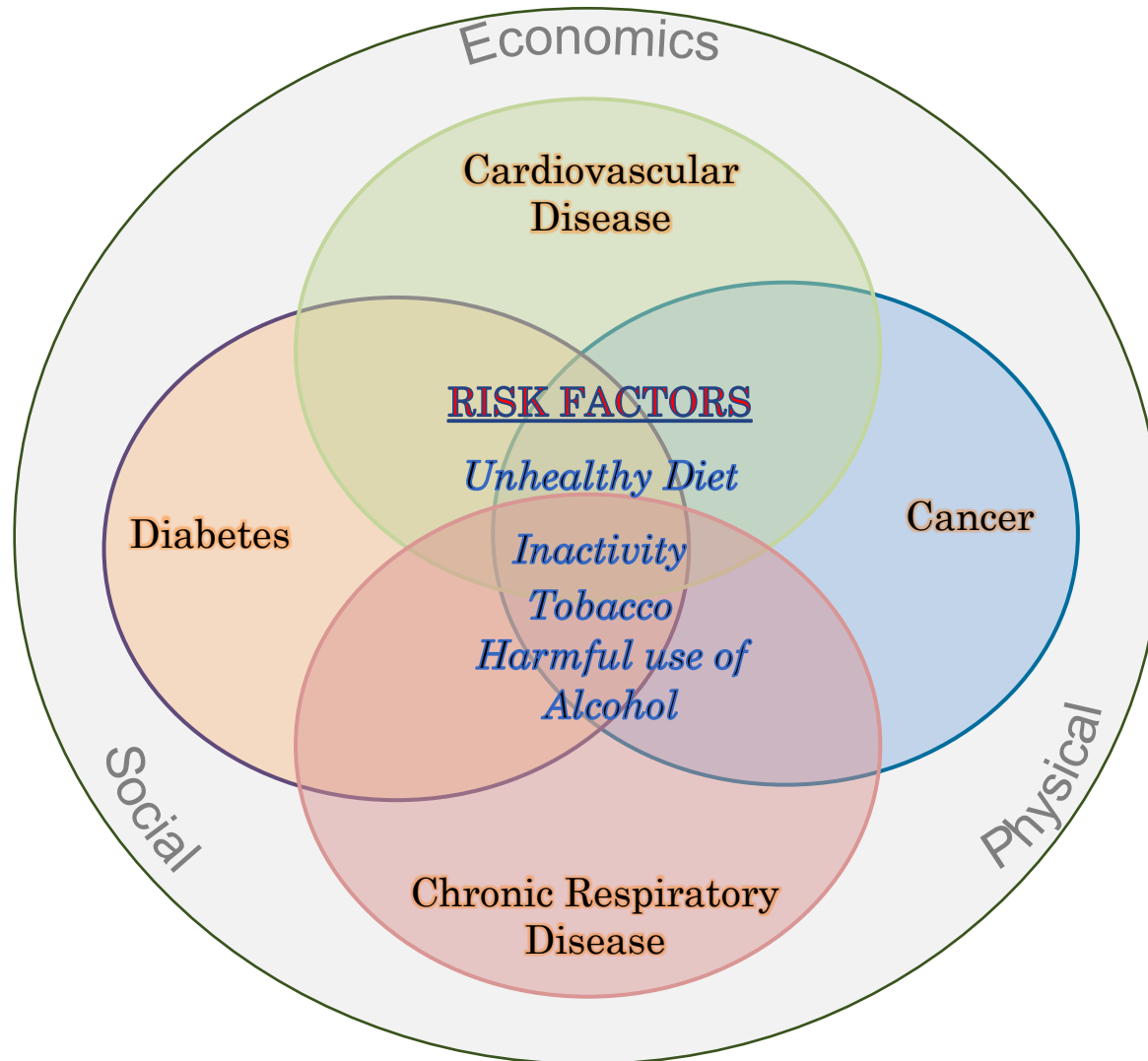


...BUT DISPARITIES PERSIST - MATERNAL MORTALITY



SOURCE: State of California, Department of Public Health, California Birth and Death Statistical Master Files, 1999-2010. Maternal mortality rates for California (deaths \leq 42 days postpartum) were calculated using the ICD-10 codes for 1999 to 2010. Produced by California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Division, December, 2012.

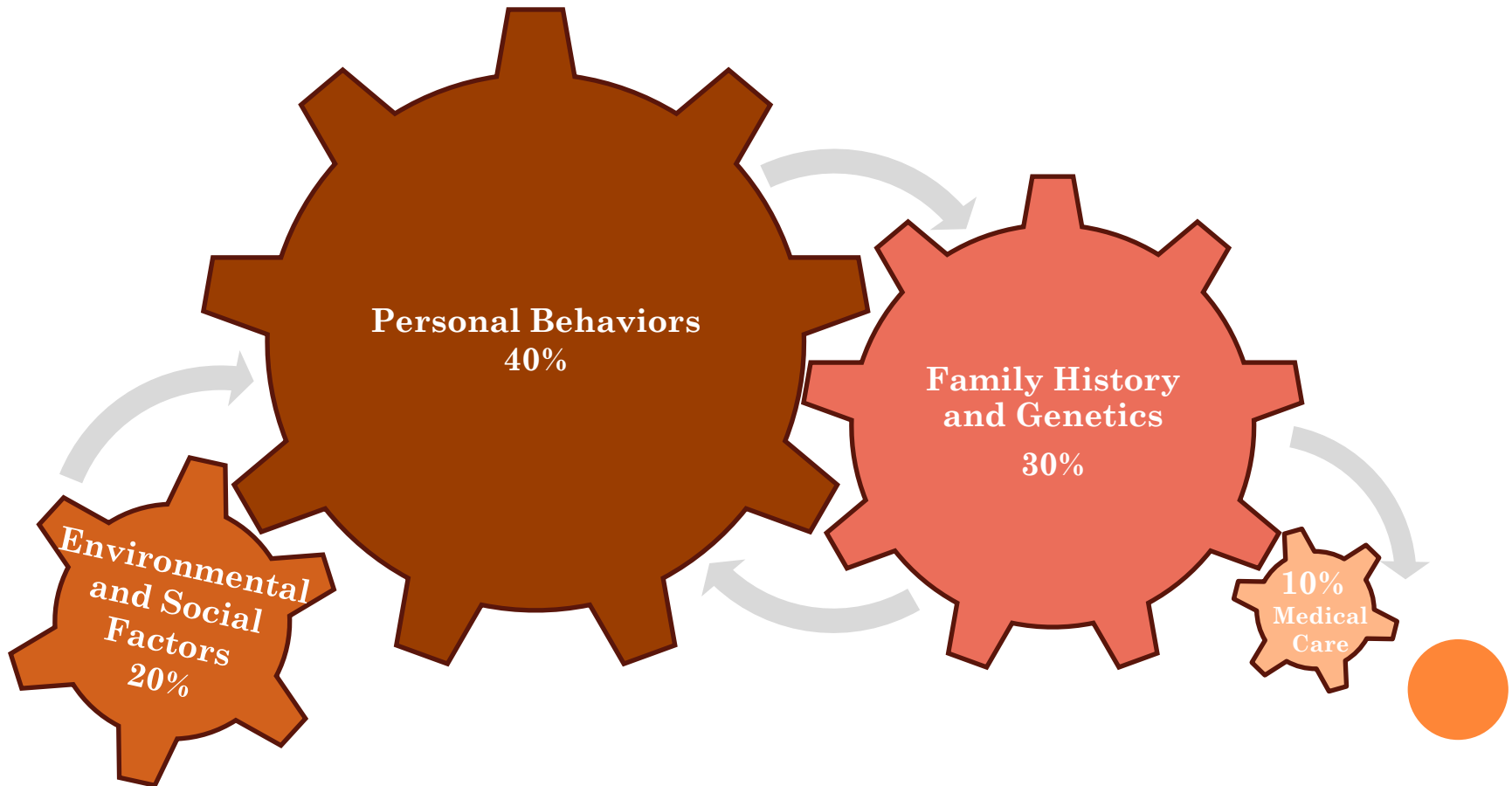
AN INTEGRATED APPROACH TO DISEASES AND RISK FACTORS



MORE THAN ACCESS TO CARE

Health is driven by multiple factors that are intricately linked – of which medical care is one component.

Drivers of Health

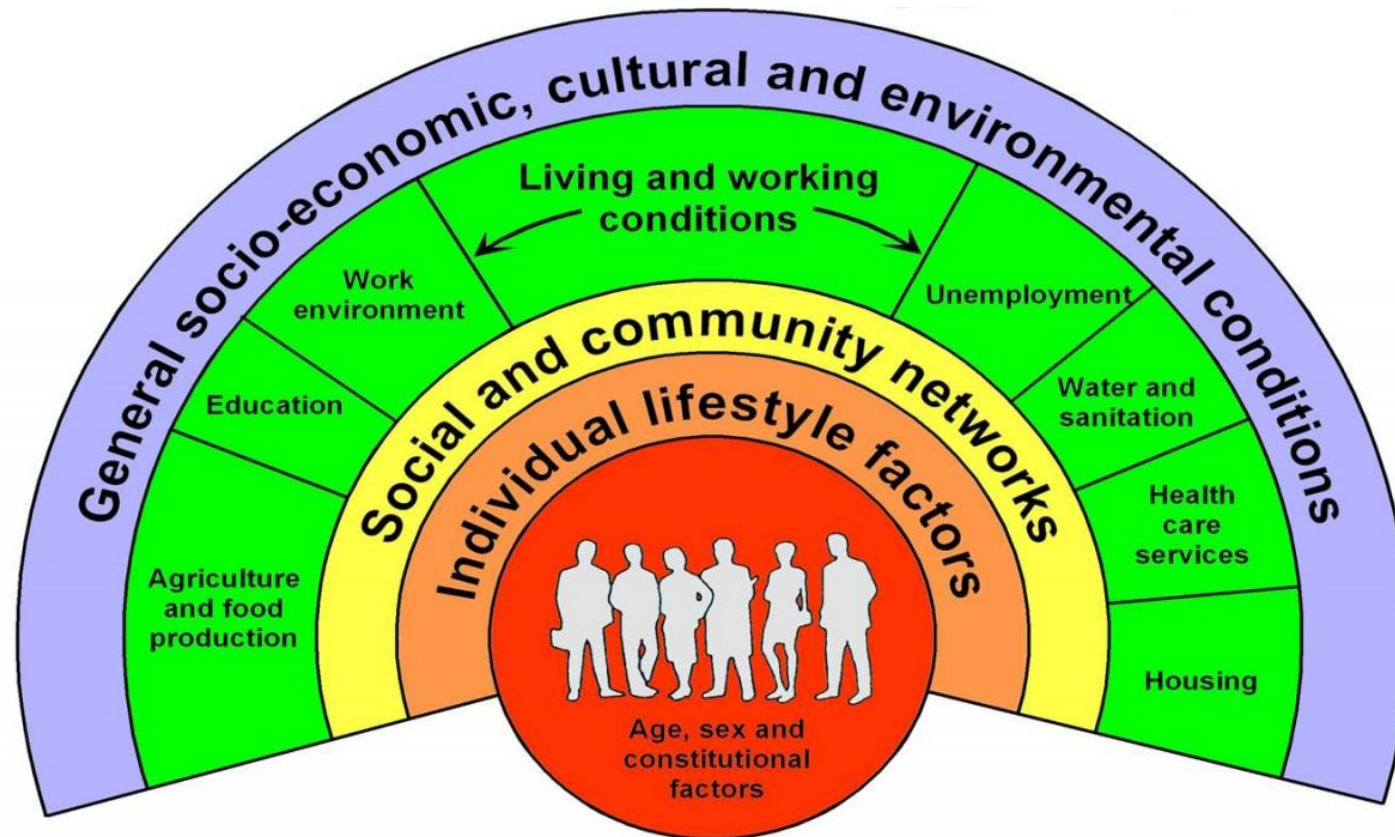


WHAT ARE SOCIAL DETERMINANTS OF HEALTH?

- According to the World Health Organization:
 - The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.

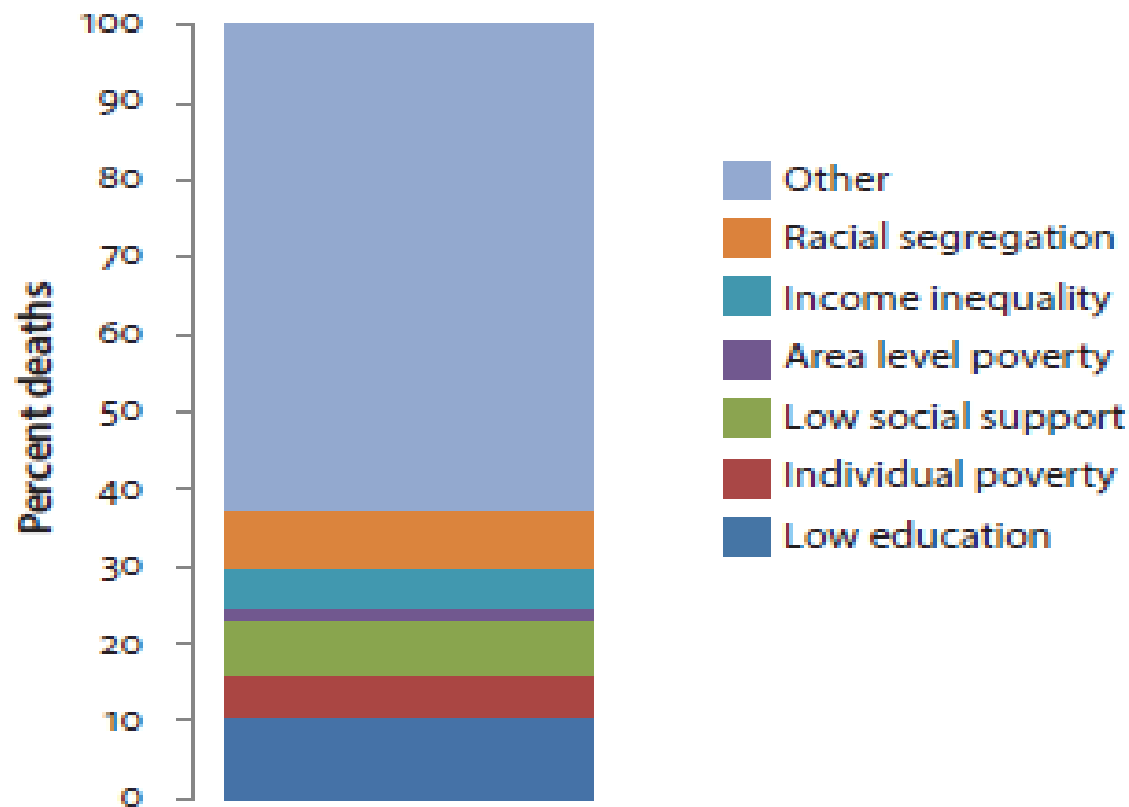


SOCIAL DETERMINANTS OF HEALTH



Source: Dahlgren and Whitehead, 1991

Figure 15. Estimated deaths attributable to social and environmental factors in the U.S., 2000



Source: Based on Galea, Tracy, Hoggart, DiMaggio, and Karpati, 2011





OHE STRUCTURE OVERVIEW

LET'S GET HEALTHY CALIFORNIA

EXECUTIVE ORDER B-19-12

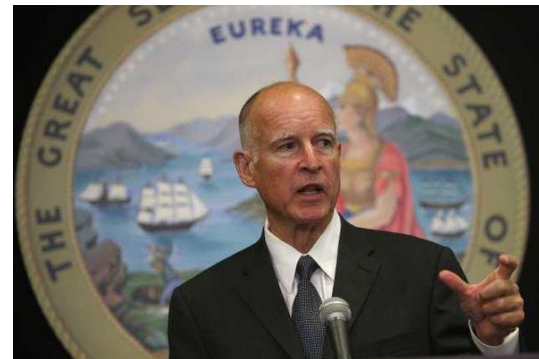
MAY 3, 2012

- “...NOW, THEREFORE, I, EDMUND G. BROWN JR., Governor of the State of California, do hereby issue this Order to become effective immediately:

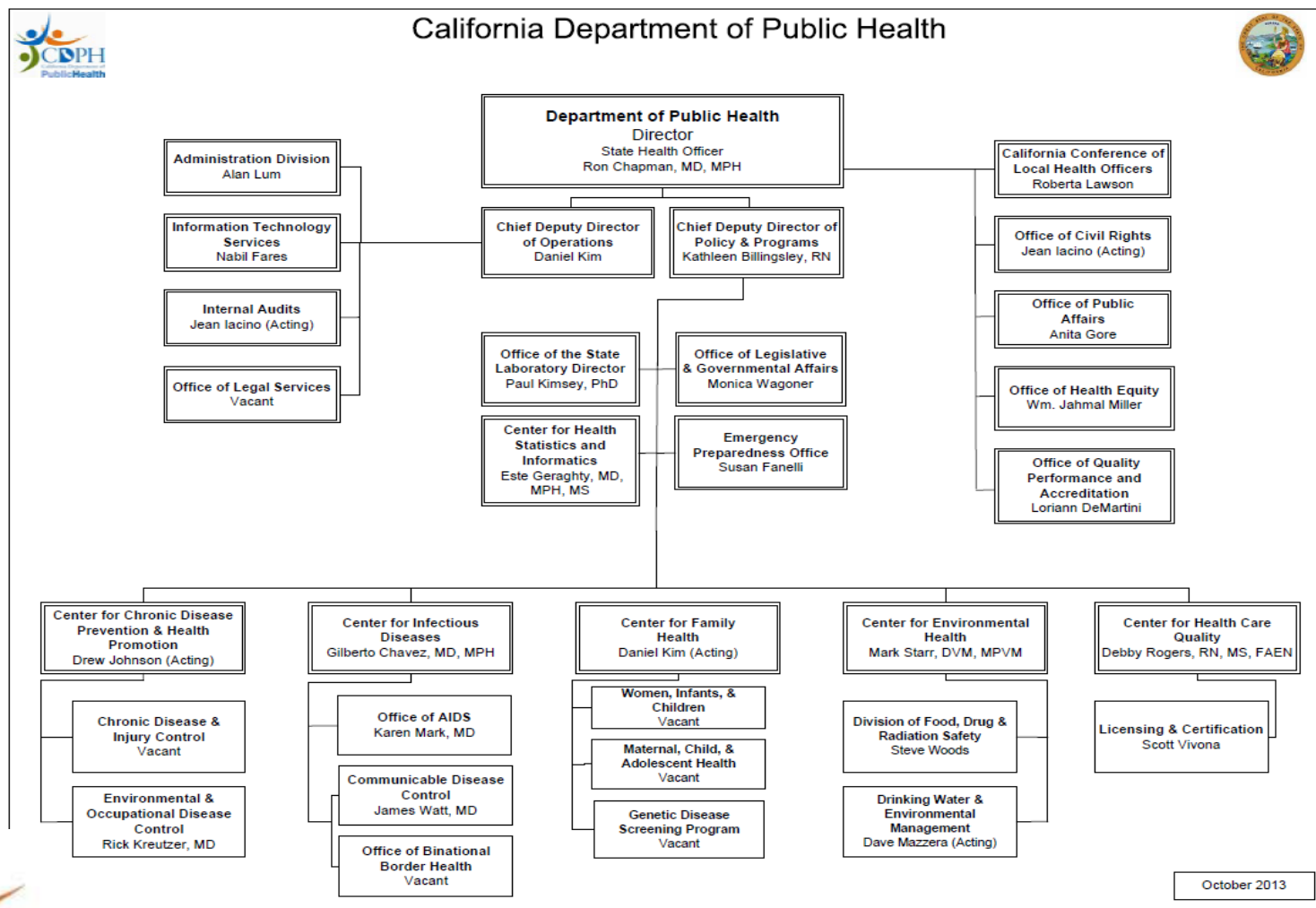
IT IS HEREBY ORDERED that reducing the individual, social, and economic burdens of preventable and chronic conditions and improving the health of Californians is a priority for California.

IT IS FURTHER ORDERED that the Secretary of the Health and Human Services Agency establish a Let's Get Healthy California Task Force to develop a 10-year plan for improving the health of Californians, controlling health care costs, promoting personal responsibility for individual health, and ***advancing health equity by establishing baselines for key health indicators***, identifying obstacles to better care, making fiscally prudent recommendations, and establishing a framework for measuring improvements.

IT IS FURTHER ORDERED that the Secretary appoint the members of the Let's Get Healthy California Task Force, including individuals representing patients and consumers, healthcare providers, health plans, employers, community-based organizations, foundations, and organized labor. The task force shall first meet by June 15, 2012..”



H: ACHIEVE HEALTH EQUITY THROUGH PUBLIC HEALTH PROGRAMS



OFFICE OF HEALTH EQUITY STAFF

Office of Health Equity (OHE)

William Jahmal Miller – Deputy Director of the Office of Health Equity

Siek Run – Deputy Director's Assistant

Community Development and Engagement Unit (CDEU)

Marina Augusto – Manager

Debbie King – Asst. Government Program Analyst

Kimberly Knifong – Asst. Government Program Analyst

Carol Gomez – Asst. Government Program Analyst

Policy Unit (PU)

Dr. Connie Mitchell – Chief

Neil Maizlish – Research Scientist III, Epidemiologist

Kathy Dervin – Health Program Specialist II

Brooke Summerfeldt – Health Program Specialist I

Dulce Bustamante-Zamora – Research Scientist II

Julia Caplan – HiAP, Policy Associate

Lianne Dillon – HiAP, PHI, Policy Associate

Karen Ben-Moshe – HiAP, Project Coordinator

Josephine Stevenson – HiAP, Policy Associate

Health Research and Statistics Unit (HRSU)

Mallika Rajapaksa – Research Scientist IV

Thi Mai – Research Scientist I



CALIFORNIA HEALTH AND SAFETY CODE (CA – HS CODE) SECTION 131019.5

- Achieve the highest level of health and mental health for all people, with special attention focused on those who have experienced socioeconomic disadvantage and historical injustice, including, but not limited to, vulnerable communities and culturally, linguistically, and geographically isolated communities.
- Work collaboratively with the Health in All Policies Task Force to promote work to prevent injury and illness through improved social and environmental factors that promote health and mental health.
- Advise and assist other state departments in their mission to increase access to, and the quality of, culturally and linguistically competent health and mental health care and services.
- Improve the health status of all populations and places, with a priority on eliminating health and mental health disparities and inequities.



CALIFORNIA HEALTH AND SAFETY CODE (CA – HS CODE) SECTION 131019.5

- Duties of OHE includes, but are not limited to the following:
 - Conduct demographic analyses on health and mental health disparities and equities (updated periodically, but not less than every two years).
 - IN PROGRESS
 - Establish a comprehensive, cross-sectoral strategic plan to eliminate health and mental health disparities by July, 2014. (Updated every two years).
 - TBD
 - Build upon and inform the work of the Health in All Policies Task Force.
 - ONGOING
 - Assist and consult with state and local governments, health and mental health providers, community-based organizations and advocates, and various stakeholder communities to advance health equity.
 - ONGOING
 - By October 1, 2013, establish an advisory committee.
 - DONE
 - Establish an interagency agreement between the State Department of Public Health and the Department of Health Care Services to outline the process by which the departments will jointly work to advance the mission of OHE.
 - DONE



OHE STRATEGIC PLAN TO ADDRESS SOCIAL DETERMINANTS

- Health starts – long before illness – in our homes, schools and jobs.
- Addressing “Key Factors” or “Social Determinants” as they relate to health and mental health disparities and inequities:
 - (A) Income security
 - (B) Food security and nutrition
 - (C) Child development, education, and literacy rates
 - (D) Housing
 - (E) Environmental quality
 - (F) Accessible built environments
 - (G) Health care
 - (H) Prevention efforts
 - (I) Assessing ongoing discrimination and minority stressors
 - (J) Neighborhood safety and collective efficacy
 - (K) The efforts of the Health in All Policies Task Force
 - (L) Culturally appropriate and competent services and training
 - (M) Linguistically appropriate and competent services and training
 - (N) Accessible, affordable, and appropriate mental health services.



OHE BUDGET OVERVIEW

- OHE 's budget is over \$18 million for the Fiscal Year 13/14 and is currently supported through funding received from:
 - Chronic Disease – Air Pollution Control
 - Chronic Disease – Federal Special Project
 - Proposition 99/Tobacco
 - Proposition 63 – Mental Health Services Act
 - California Office of Obesity Prevention
 - Program 20 General Fund
 - Program 40 General Fund





OFFICE OF HEALTH EQUITY ADVISORY COMMITTEE

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Consists of a broad range of 24 health experts, advocates, clinicians and consumers who will help advance the goals of the office and advise in the development and implementation of the OHE Strategic Plan

- **Sergio Aguilar-Gaxiola**, MD, PhD, Director, Center for Reducing Health Disparities and Professor of Clinical Internal Medicine, University of California, Davis School of Medicine
- **Paula Braveman**, MD, MPH, Director, Center on Social Disparities in Health and Director of the Center on Social Disparities in Health, University of California, San Francisco
- **Delphine Brody**, Former Program Director of Mental Health Services Act (MHSA) Client Involvement, for the California Network of Mental Health Clients
- **Jeremy Cantor**, MPH, Program Manager, Prevention Institute
- **Yvonna Càzares**, Policy Manager, Gay-Straight Alliance Network
- **C. Rocco Cheng**, PhD, Corporate Director, Prevention and Early Intervention Services, Pacific Clinics
- **Kathleen Derby**, Legislative Analyst, California State Independent Living Council
- **Aaron Fox**, MPM, Health Policy Manager, LA Gay and Lesbian Center
- **Sandi Gálvez**, MSW, Executive Director, Bay Area Regional Health Inequities Initiative - CHAIR
- **Alvaro Garza**, MD, MPH, Public Health Officer, San Benito County Health and Human Services Agency
- **General Jeff**, Founder, Issues and Solutions and serves on the Board of Directors of the Downtown Los Angeles Neighborhood Council (DLANC)
- **Cynthia Gómez**, PhD, Founding Director, Health Equity Institute, San Francisco State University
- **Willie Graham**, Pastor, Christian Body Life Fellowship Church
- **Carrie Johnson**, PhD, Director/Clinical Psychologist, United American Indian Involvement, Inc
- **Neal Kohatsu**, MD, MPH, Medical Director, California Department of Health Care Services
- **Dexter Louie**, MD, JD, MPA, Founding Member and Chair, Board of the National Council of Asian Pacific Islander Physicians
- **Francis Lu**, MD, Luke and Grace Kim Professor in Cultural Psychiatry, Emeritus, University of California, Davis
- **Gail Newel**, MD, Medical Director, Maternal Child and Adolescent Health, Fresno County Department of Public Health
- **Teresa Ogan**, MSW, Supervising Care Manager, California Health Collaborative Multipurpose Senior Service Program
- **José Oseguera**, Chief, Plan Review and Committee Operations, Mental Health Services Oversight and Accountability Commission
- **Hermia Parks**, MA, PHN, RN, Director, Public Health Nursing/Maternal, Child Adolescent Health, Riverside County Department of Public Health
- **Diana E. Ramos**, MD, MPH, Director, Reproductive Health, Los Angeles County Public Health
- **Patricia Ryan**, MPA, Executive Director, California Mental Health Directors Association
- **Ellen Wu**, MPH, Executive Director, California Pan-Ethnic Health Network

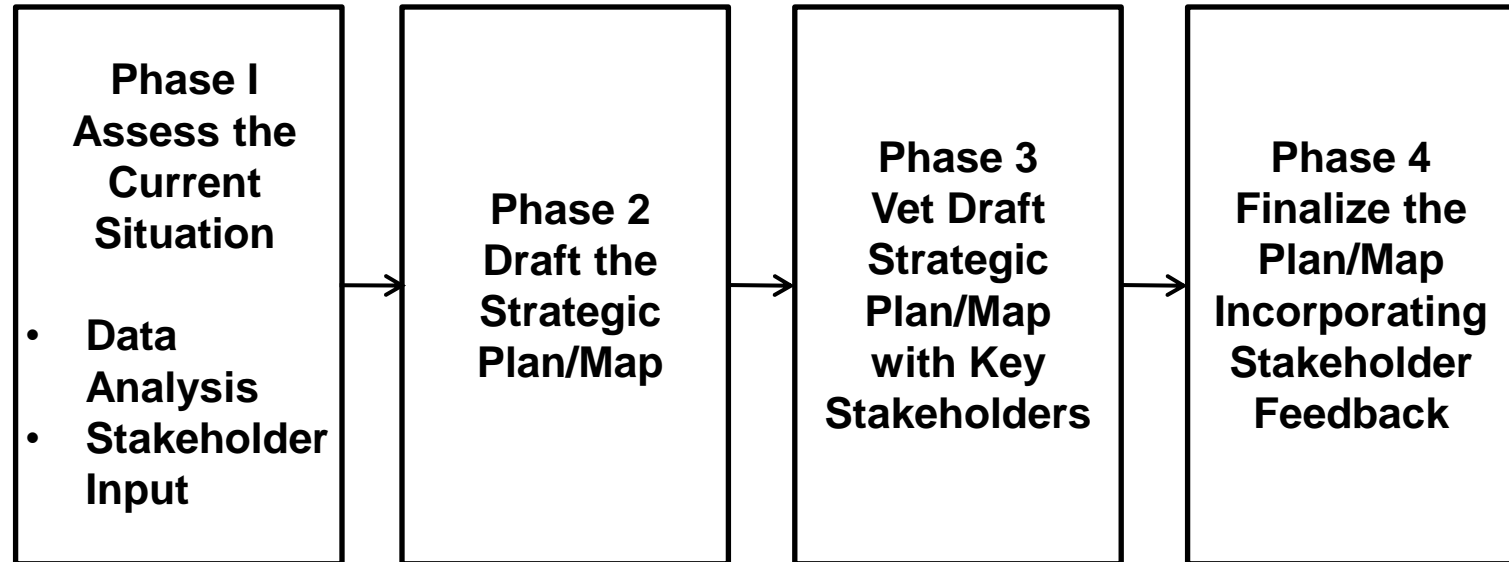


OFFICE OF HEALTH EQUITY ADVISORY COMMITTEE

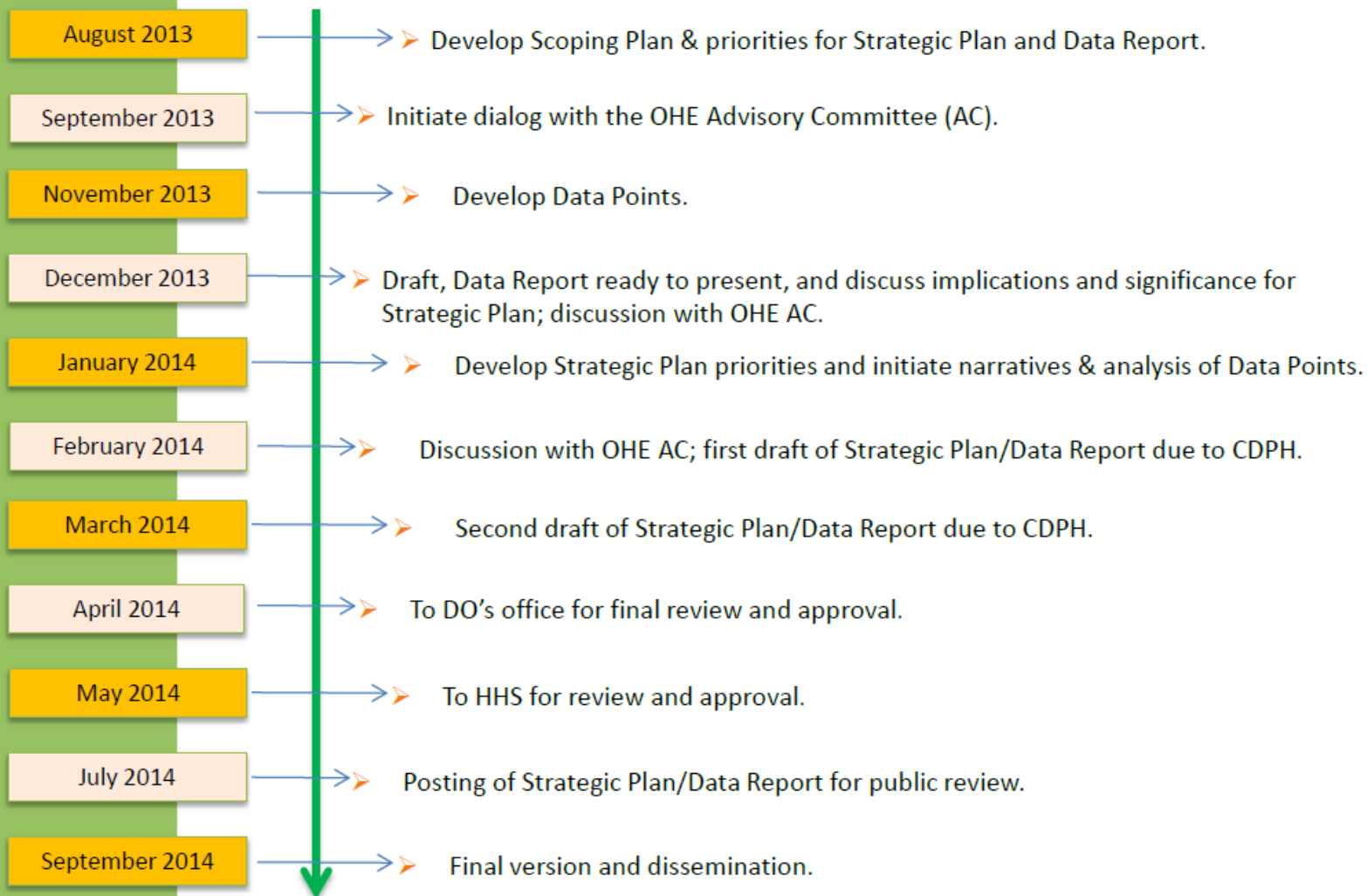
- First advisory committee meeting Sept. 26-27
- Roles and Responsibilities Review
 - Participate in four meetings per year.
 - Actively participate in every convened meeting of the Committee from beginning to adjournment.
 - Work to achieve consensus on recommendations of the Committee.
 - Facilitate communication between community representatives and the Committee.
 - Gather local community and/or affiliation group input regarding needs and priorities for consideration by the Committee.
 - Make recommendations on a broad range of health and mental health related issues that improve the health status of all populations and places, with a priority on eliminating health and mental health disparities and achieving equity.



OFFICE OF HEALTH EQUITY ADVISORY COMMITTEE - STRATEGIC PLANNING PROCESS



OHE Strategic Plan – TIME LINE



OHE Advisory Committee
September 27, 2013



COMMUNITY DEVELOPMENT & ENGAGEMENT UNIT

COMMUNITY DEVELOPMENT & ENGAGEMENT UNIT

Mission

- To strengthen the CDPH's focus and ability to advise and assist other state departments in their mission to increase access to, and the quality of, culturally and linguistically competent mental health care and services.

Vision

- To create a public mental health system for a diverse California that advances an authentic commitment to community engagement, cultural knowledge, accessibility, quality, resilience, and wellness.



COMMUNITY DEVELOPMENT & ENGAGEMENT UNIT: CURRENT PRIORITIES

- The California Reducing Disparities Project (CRDP)- \$1.5m and \$60m
 - Completion of CRDP Phase I
 - Roll Out of CRDP Phase II
- MHSA Translation
- Cultural Competency Consultants Contract –multi-provider
- Allocation For Cultural Competence Regional Trainings – CA Brief Multicultural Competency Scale (CBMCS)
- Outreach and Education
- Meet and Greet/ Technical Assistance
- Field Outreach
- Committee Participation





POLICY UNIT

POLICY UNIT TEAM:

HEALTH IN ALL POLICIES

- California's Health in All Policies Task Force was created in 2010
- A collaborative approach to improving the health by incorporating health considerations into decision-making across sectors and policy areas.
- Task Force is facilitated by the California Department of Public Health, and includes representatives from 18 state agencies and departments.
- HiAP Task Force was supported by the legislature last year through 2012's Senate Concurrent Resolution 47.

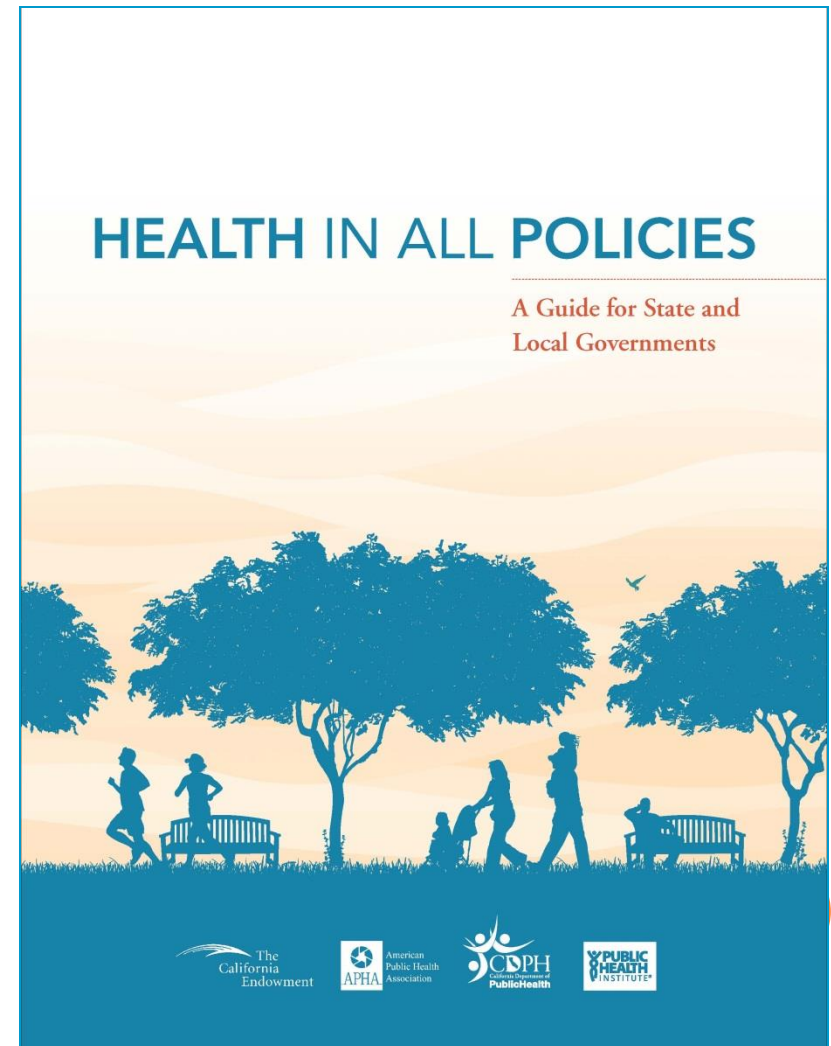
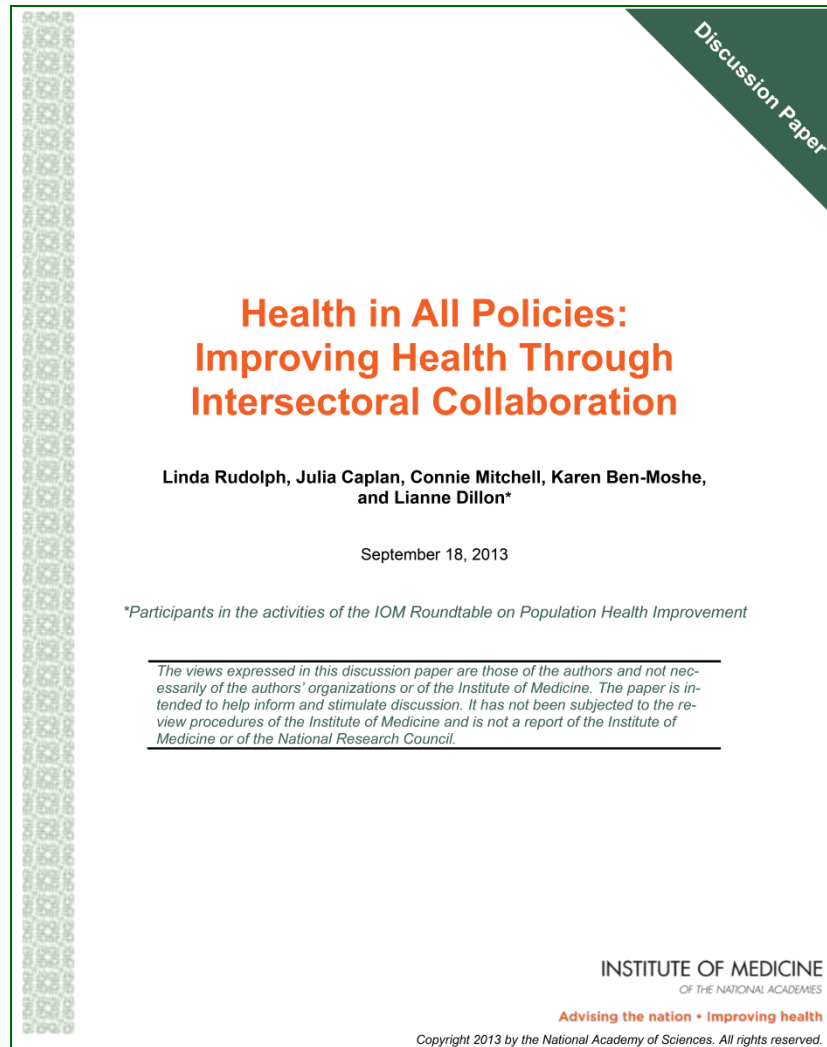
Rudolph, L., Caplan, J., Ben-Moshe, K., & Dillon, L., (2013). Health in All Policies: A Guide for State and Local Governments. Washington, DC and Oakland, CA: American Public Health Association and Public Health Institute. <http://www.phi.org/resources/re>

POLICY UNIT TEAM: HEALTH IN ALL POLICIES

- Completed many initial implementation commitments
- Breaking down siloes via interagency collaboration to actively explore opportunities to promote health and equity:
 - New Farm to Fork Office (CDE, CDFA, CDPH)
 - Health input into General Plan Guidelines (OPR, CDPH, HiAP Task Force)
 - Aligning school facility and city planning processes (CDE, OPR, CDPH)
 - Creating an informal multi-agency food procurement network (CDPH, DGS, CDCR, DOR, CDFA)



NEW PUBLICATIONS ON HIAP!



POLICY UNIT TEAM: CLIMATE AND HEALTH

- Safeguarding California: Preparing for Climate Risks an update to the 2009 California Climate Adaptation Strategy
 - Assisted in writing the public health chapter of the strategy
 - Participated in a discussions hosted by Natural Resources Agency about climate risks and proposed updates to the strategy.
- CA Climate Action Team - Public Health Working Group
 - Addresses cross-cutting issues related to climate change and health, including issues specific to AB 32 implementation.
 - Released “Preparing California for Extreme Heat: Guidance and Recommendations”.
 - Joint project of CDPH and CalEPA.
- AB32 Scoping Plan Update and Health Co-benefits of Greenhouse Gas Mitigation Strategies
 - Involved in participating in the update of the 2013 Climate Change Scoping Plan (led by ARB) with an emphasis on active transportation (walking, bicycling, public transit), co-benefits, and greenhouse gas reductions.



POLICY UNIT TEAM: HEALTHY PLACES

- Healthy Community Indicator Project
 - Funded through Strategic Growth Council for research and development of indicators to measure the health promoting attributes of communities in California.
 - Healthy Communities Data and Indicators Project website launched in February 2013 to disseminate the standardized core list, statewide data files, and exemplary reports for each indicator.
(<http://www.cdph.ca.gov/programs/Pages/HealthyCommunityIndicators.aspx>).
 - Funding ends in June 2014 so a strategy needed to convert this from an R&D project to a sustainable resource for local health departments.





HEALTH RESEARCH AND STATISTICS UNIT

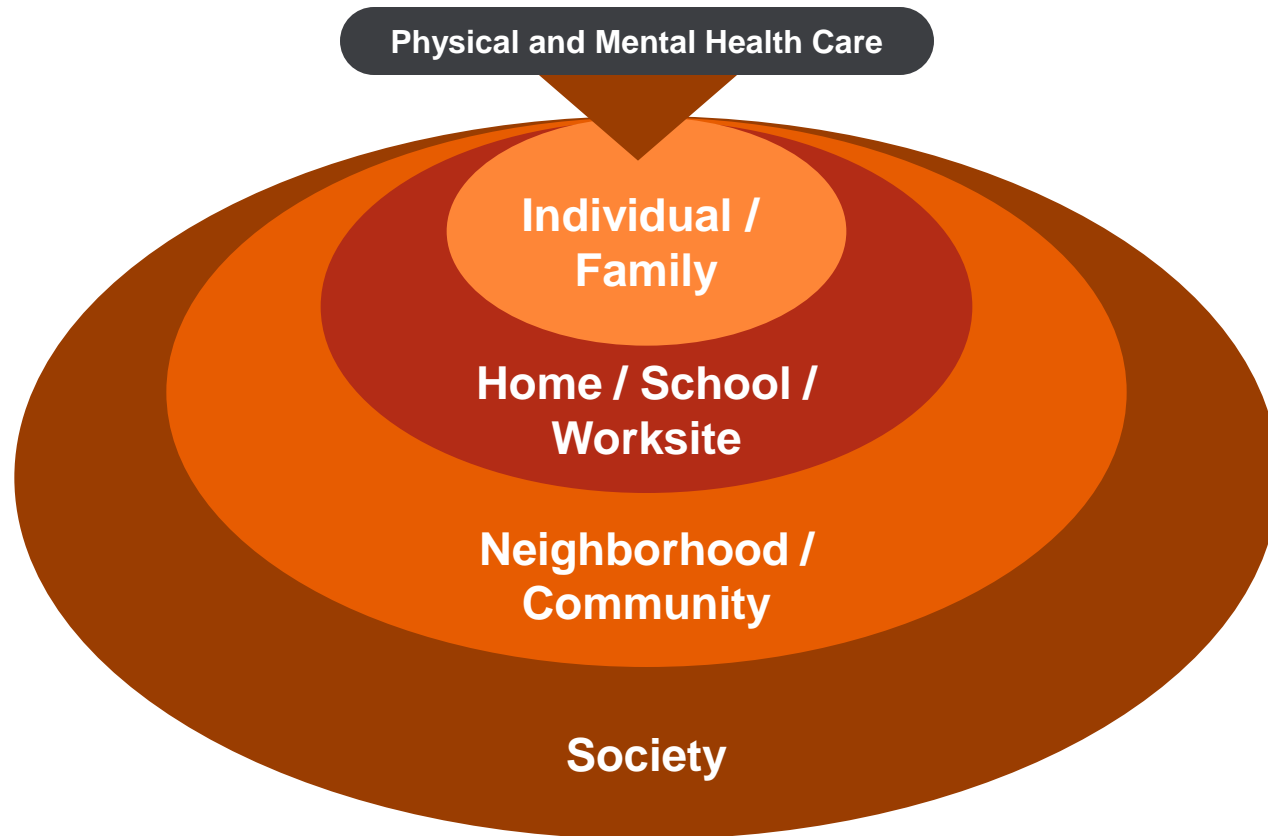
HEALTH RESEARCH AND STATISTICS UNIT (HRSU)

- HRSU is the technical backbone of OHE, researching and producing data to fulfill statutory mandated reports and to provide baseline information on disparities and inequities.
- Recruiting for Research Scientist Supervisor role
- Data Workgroup Updates:
 - Developing demographic report to make inform the OHE Strategic Plan Report on key factors. (A – N)
 - Inter-Agency Data Workgroup w/ DHCS to collect, analyze, and disseminate MediCal data.
 - Participates w/ Data Policy and Advisory Committee (Public Health Informatics)



ACHIEVING HEALTH EQUITY AT EVERY LEVEL

Deploying State/Agency/CDPH Assets for Total Health





QUESTIONS?